

2002 UNIFORM BUSINESS REPORT (UBR)

0001596 AV

DOCUMENT # **A01000000297**

1. Entity Name
GROVES PROPERTIES, LTD.

FILED

02 MAY -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**550 BILTMORE WAY, SUITE 1210
CORAL GABLES FL 33134**

Mailing Address
**550 BILTMORE WAY, SUITE 1210
CORAL GABLES FL 33134**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, PEDRO A ESQ.
C/O GREENBERG TRAUIG, P.A.
1221 BRICKELL AVENUE
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L01000003147**
NAME **GABLES WATERWAY HOMES, LLC**
STREET ADDRESS **550 BILTMORE WAY, SUITE 1210**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Mayer R. Castro* **Mayer R. Castro** 4/30/02 305/448-4091
Signature and Typed or Printed Name of Signing General Partner Date Telephone #

CR2E003 (9/01)